

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without an Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of

Case Number: \_\_\_\_\_

**CONSENT OF MINOR TO NAME  
CHANGE (Only if minor is 14 or older)**

\_\_\_\_\_  
A Minor

**REQUIRED INFORMATION FROM MINOR, UNDER OATH:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

☐ I am the minor who is the subject of this name change request.

☐ I am at least 14 years of age.

**2. I have read the Application for Name Change and consent to changing my name to:**

\_\_\_\_\_

**3. I waive notice of all further proceedings in this matter.**

**OATH OF THE MINOR**

**STATE OF ARIZONA )  
MARICOPA COUNTY )ss.**

I have read, understood, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

SIGNATURE: \_\_\_\_\_

SUBSCRIBED AND SWORN to me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC: \_\_\_\_\_